Debtor 1 Benjamin Joe Giron First Name Middle Name Last Name
Debtor 2 (Spouse, if filling) First Name Middle Name Last Name United States Bankruptcy Court for the: Western District of Texas
(Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Western District of Texas
United States Bankruptcy Court for the: Western District of Texas
Cons. guarden. 24.20070
Case number 21-30070 (if known)
(II MOWII)

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

04/20

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1: Calculate Your Current Monthly Income					
1.	What is your marital and filing status? Check one only.					
	Not married. Fill out Column A, lines 2-11.					
	☐ Married. Fill out both Columns A and B, lines 2-11.					
	\square Married and your spouse is NOT filing with you. Fill of	out Column A, lines 2	2-11.			
	Fill in the average monthly income that you received fr case.11 U.S.C. § 101(10A). For example, if you are filing o of your monthly income varied during the 6 months, add th income amount more than once. For example, if both spou you have nothing to report for any line, write \$0 in the space.	on September 15, the ne income for all 6 mo ses own the same re	6-month period onths and divide	I would be March 1 th the total by 6. Fill in the	rough August 3 ne result. Do no	31. If the amount of include any
				Column A Debtor 1	Deb	umn B otor 2 or n-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and copayroll deductions).	ommissions (before	all		60.00	
3.	Alimony and maintenance payments. Do not include paym	ents from a spouse.			60.00	
4.	All amounts from any source which are regularly paid for you or your dependents, including child support. Include an unmarried partner, members of your household, your dependent include payments from a spouse. Do not include payment listed on line 3.	e regular contribution endents, parents, and	ns from		50.00 -	
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$37,199.99	\$0.00			
	Ordinary and necessary operating expenses	- \$30,743.80 -	\$0.00			
	Net monthly income from a business, profession, or farm	\$6,456.19	\$0.00	Copy here →\$6,45	56.19	
6.	Net income from rental and other real property	Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$0.00	\$0.00			
	Ordinary and necessary operating expenses	- \$0.00 -	\$0.00			
	Net monthly income from rental or other real property	\$0.00	\$0.00	Copy here →	80.00	

Case number (if known) 21-30070

Giron

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7.	Interest, dividends, and royalties	\$0.00		
8.	Unemployment compensation	\$0.00		
	Do not enter the amount if you contend that the amount received was a benefit under			
	the Social Security Act. Instead, list it here:			
	For you\$0.00	1		
	For your spouse			
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$0.00		
10	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a			
	disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below			
14	disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below Total amounts from separate pages, if any.	+	+=	\$6,456
11	disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below	+ \$6,456.19	+	\$6,456 otal avera
	disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below Total amounts from separate pages, if any. Calculate your total average monthly income. Add lines 2 through 10 for each	+ \$6,456.19	+	otal avera
2	disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below Total amounts from separate pages, if any. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Sign Below		+	otal avera
siç.	disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below Total amounts from separate pages, if any. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Sign Below Sign Below		+	otal avera
sig	disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below Total amounts from separate pages, if any. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Sign Below		+	otal avera

Debtor 1

Benjamin

Joe